Washington State Health Care Authority — Medicaid

ProviderOne

January 2013
Submitting Professional Secondary Insurance Claims Electronically to ProviderOne with the Primary Insurance EOB Attached

The Health Care Authority - Medicaid accepts secondary insurance claims electronically from providers. The ProviderOne system has a Direct Data Entry (DDE) feature for submitting secondary insurance claims attaching the insurance company EOB to the claim. The following process adds insurance information at "header" or claim level and the claim is adjudicated using the total insurance payment compared to the total Agency allowable for the claim.

The Agency also accepts and processes HIPAA compliant electronic batch claims that contain all the required insurance information and providers can send the EOB with these claims.

Medicare and Medicare Advantage Plans are not commercial insurance. See the *Submitting Cross-Over Claims* factsheet.

DDE

A provider would log into their ProviderOne domain and use the **Claims Submitter** or **Super User** profile. Go to the **Claims** option and click on the **Online Claim Entry** sub option, then pick *Professional claim*. (This option is available for institutional and dental claims also. See the webinar page indicated below for the submission presentations.)

Fill in the claim information boxes and answer all the questions required to submit a claim.

DDE claim – sending the EOB:

For a secondary insurance claim answer this question "Yes"

Does the subscriber have insurance other than Medicaid?   ● Yes ○ No

A "Yes" opens the insurance information boxes. Expand the **Additional Other Payer Information** section and fill in the fields outlined in red.

* Asterisk fields are required and other fields are informational.

- Add the name of the insurance company.
- Add the insurance company ID number, ID Type and enter the process date off the EOB.

- Next enter the amount paid by the insurance in the COB Payer Paid field. If the insurance applied to deductible enter a zero here. If the insurance denied the claim enter a zero here

What is the **ID** number? Use the insurance company carrier code from the client eligibility check (best), the insurance payer number, or other insurance ID number. Use the same number in all **ID** fields.

Coordination of Benefits Information

Service Type Code ▲▼	Insurance Type Code ▲▼	Insurance Co. Name & Contact ▲▼	Carrier Code ▲▼	Policy Holder Name ▲▼	Policy Number ▲▼	Group Number ▲▼	Plan Sponsor ▲▼	Start Date ▲▼	End Date ▲▫
30: Health Benefit Plan Coverage	C1: Commercial	PREMERA BLUE CROSS/BCBS OF AK (800) 345-6784	BC01	SUPER MAN	100883158			03/01/2007	12/31/2999

CLAIM INFORMATION

Go to Other Claim Info to include the following claim detail information:
Specialized Line Services, Miscellaneous Line Data, Line Level Providers, Miscellaneous Line Date

⊞ **PRIOR AUTHORIZATION**
⊞ **CLAIM NOTE**

☐ **CLAIM NOTE**

* Type Code: TPO-Third Party Organization Notes

* Note: Sending Insurance EOB

characters remaining: 59

Next add a claim note that you are sending insurance EOB with your claim.

Fill in the rest of the claim information and once you get all your claim data entered click on the [Submit Claim] button and submit your claim.

You now get the pop up screen asking if you are sending backup documentation.
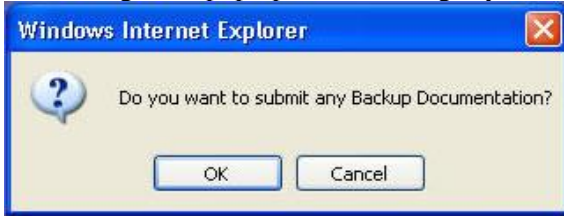
This claim submission method still requires the Insurance EOB to be sent and you can send a paper copy or an electronic "picture" of the EOB.

Click "OK" and then you should get this screen:

- **Attachment Type** would be EB-Explanation of Benefits.
- **Transmission code** would be BM, by mail or EL, E-file or by FAX. For the line number pick "all". If sending an E-file browse to find the **filename**.
- Now click the **OK** button

If you are sending the paper EOB click on the **Print Cover Page** button and when the cover sheet is displayed, key in the required information before printing. Each bar code will expand when you click or tab out of that field. Do not reuse this coversheet. After printing close the cover sheet.

Remember you must click the final **OK** button on the submitted Professional Claim Details screen to submit the claim!

> **Note: Split service lines paid and denied by the insurance company into two claims.**

HIPAA batch claims

Providers can send these types of claims as batch E-claims to the Agency if they are HIPAA compliant claims with all our required data elements. For the secondary insurance claims if sending the EOB:

• Bill the claim	• Enter a claim note "**Sending insurance EOB**"
• Acquire the TCN number of the claim	• Get our cover sheet, fill out and print the cover sheet
• FAX the cover sheet and back up EOB (to the number on the cover sheet)	

- Get cover sheets here: http://hrsa.dshs.wa.gov/billing/document_submission_cover_sheets.html use number 5.
- HIPAA information can be found at: http://hrsa.dshs.wa.gov/dshshipaa/
- Visit our webinar web page at http://hrsa.dshs.wa.gov/provider/webinar.shtml for a presentation on this subject.
- Complete step by step instructions for submitting a DDE claim go to the Billing and Resource Guide: http://hrsa.dshs.wa.gov/Download/ProviderOne_Billing_and_Resource_Guide.html starting on page 68.